DEPARTMENT OF HEALTH AND HUMAN SERVICES , HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED CMB NO. 0938-0193			
	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 0 - 0 1 3	South Carolina		
STATE PLAN MATERIAL HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITI SECURITY ACT (MEDICAID)	LE XIX OF THE SOCIAL		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/00			
5. TYPE OF PLAN MATERIAL (Check One):				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN	MENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
Section 1931 of the ACT	a. FFY 2001 \$ 1 b. FFY 2002 \$ 1			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	EDED PLAN SECTION		
Supplement 12 to Attachment 2.6-A	OR ATTACHMENT (If Applicable):			
ADDENDUS	Supplement 12 to Attachm	ent 2.6-A		
Supplement 12 to Attachment 2.6-A Page 2 *	ADDEMENT 12 to Attache			
rage : *	Page 2 *	ent 2.0-A		
10. SUBJECT OF AMENDMENT:	L			
Eliminate the assets test as a requirement for (LIF) category.	or eligibility for the low-inc	ome families		
1' OVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☐ OTHER, AS SPECIFIED:			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
13. TYPED NAME:	SC Department of Bealth and	SC Department of Health and Human Services		
William A. Prince	Post Office Box 8206 Columbia South Carolina 20202-8206			
14. TITLE: Director	box term of the barry rise and	993 0-0 898		
15. DATE SUBMITTED:				
October 31, 2000				
T7 DATE RECEIVED: Rovember 21, 2606	FICE USE ONLY 18. DATE APPROVED: James 16, 2004			
PLAN APPROVED - C 19. EFFECTIVE DATE OF APPROVED MATERIAL:	INE COPY ATTACHED	4.23		
October 1, 2000	20. SIGNATURE DE REGIONAL OFFICIAL	P EFFER AND AND STATES		
21 TYPED NAME				
Bagene A. Gresser	Division of Best paid and the	ministrator Le Operations		
23. HEMARKS:		(1) 10 mm (1) 1		
"Pen and Ink" change authorized by State Me	dicaid Agency.	gradient de properties		
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Revision: HCFA-PM-00-1

February 2000

Supplement 12 to Attachment 2.6-A ADDENDUM

State Plan Under Title XIX of the Social Security Act

State: South Carolina

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The agency uses less restrictive income and/or _X_ resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

All assets are disregarded.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

TN No. MA 00-013

Supersedes Approval Date: JAN 1 0 2001 Effective Date: 10/01/00

TN No. MA 00-005

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	South Carolina	

- X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
 - 1. Disregards all assets for applicants and recipients.
 - 2. Disregards one motor vehicle per family member who works or participates in a training program.
 - 3. Disregards income from interest or dividends up to \$400 annually.
 - 4. Disregards earned income of dependent children.
 - 5. Disregards cash value of life insurance policies up to \$10,000.
 - 6. Disregards up to \$10,000 in an Individual Development Account.
 - 7. For purposes of the 185% gross income test disregards all income in excess of 185%.
 - 8. Disregards lump sum payments from income. If lump sum payments are retained for more than a month, the amount retained is counted as a resource.
 - 9. Disregards the first \$50 of child support payments received.
 - 10. Disregards 50% of earned income for the first 4 months after employment begins and a standard disregard of \$100 for each month thereafter that earned income is received.
 - 11. Disregards all earned income of recipients for 12 months after employment causes ineligibility.
 - 12. Disregard difference between the 1931 income standard and 50% of the Federal poverty level by family size as revised annually in the Federal Register plus \$1.

The income and/or resource methodologies that the less restrictive methods replace are as follows:

1. Resource limit of \$1000 regardless of family size. No otherwise countable resources disregarded.

TN No. MA 00-013 Approval Date JAN 10 2001 Effective Date 10/01/00 Supersedes

TN No. MA 00-006